PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

	CL	AIMS AS I	FILED - P. (Column 1)	ARTI	(Column	2)		MALL EN		OR	SM	THER T	YTITY
ΤΔΙ	CLAIMS		1/				T	RATE	FEE			ATE	FEE
			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BAS	C FEE	750.00
OR CLAIMS			10 minus 20=		* 0			X\$.9=		OR	X	18=	
OTAL CHARGEABLE CLAIMS			7 minus 3 =		*0			X42=		OR	X	84=	
DEPENDENT CLAIMS -					10	77				1		200	
ULTIPLE DEPENDENT CLAIM PRESENT						للا		+140=		OR	_	280=	in An
If the	e difference in	column 1 is le		- PAF	RT II			TOTAL	ENTITY	OR OR	C	THER	THAN ENTITY
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	IRST PRESEN		ULTIPLE DEI	PENDE	NT CLAIM		1	+140=			$\prod_{i=1}^{n}$	+280=	
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		(Column 1)			lumn 2)	(Column	3)		ADDI	7	Г		ADD
		CLAIMS		N	GHEST UMBER EVIOUSLY	PRESENT EXTRA	r®	RATE	TIONA	\L		RATE	TION
m		REMAINING			AID FOR	-			FEE		- 1		
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ENDMENT	Independent	AFTER AMENDMENT. *	Minus Minus	**				X42= +140=	aL		OR OR	X84= +280=	AL
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C AMENDMENT	Independent FIRST PRESE	AFTER AMENDMENT * * * * * (Column 1) CLAIMS REMAINING AFTER AMENDMEN	Minus Minus MULTIPLE DE	** *** PPEND	ENT CLAIM Jolumn 2) HIGHEST NUMBER	(Column	17	X42= +140= TOT. ADDIT. FI	AL ADE	Ol- IAL E	OR OR	X84= +280= TOT. ADDIT. FI	AL ADI
C AMENDMENT	Independent FIRST PRESE	AFTER AMENDMENT * * * * * (Column 1) CLAIMS REMAINING AFTER AMENDMEN *	Minus MINUS MULTIPLE DE	** *** PEND	ENT CLAIM column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column PRESEN EXTR/	17	X42= +140= TOT. ADDIT. FI	AL ADD	Ol- IAL E	OR OR	X84= +280= TOT. ADDIT. FI	AL ADI
AMENDMENT	Independent FIRST PRESENT Total Independent	AFTER AMENDMENT * * * * * (Column 1) CLAIMS REMAINING AFTER AMENDMEN *	Minus MULTIPLE DE Minus Minus Minus	** *** EPENDI (C	ENT CLAIM column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column PRESEN EXTR/	17	X42= +140= TOT. ADDIT. FI RATE X\$ 9	AL ADE TION FE	O C C C C C C C C C C C C C C C C C C C	OR OR	X84= +280= TOTA ADDIT. FI RATE X\$18	AL SE TION FE
AMENDMENT C AMENDMENT	Independent FIRST PRESENT Total Independent	AFTER AMENDMENT * * * * * * * * * * * * *	Minus MULTIPLE DE Minus Minus Minus MULTIPLE (** *** EPENDI (C PF ** ** DEPENI	ENT CLAIM COLUMN 2) HIGHEST NUMBER REVIOUSLY PAID FOR * DENT CLAI	(Column PRESEN EXTR/	17	X42= +140= TOT. ADDIT. FI X\$ 9: X42: +140	AL ADE TION FE	O C C C C C C C C C C C C C C C C C C C	OR OR	X84= +280= TOTA ADDIT. FE RATE X\$18 X844	AL SE TION FE